

April 4th, 2008

Robert E Gerkin J-79986
Folsom State Prison 5B/2BA34
Post Office Box 715071
Represa, California 95671

FSP-MAILROOM

Dear Sir:

Enclosed, signed Inmate Trust Withdrawal, for copy Inmate CDC-119 Legal
Mail-Log, for the months of March and April of 2008

Thank you inadverage

Dated: 4/4th/2008

ROBERT E GERKIN

Robert E Gerkin

APR 07 RECD Valene

attached is a copy of your CDC 119 outgoing legal mail log
for 2008 you were charged 10¢ for copy.

119 OUT GOING LEGAL MAIL
FOLSOM STATE PRISON

YEAR 2008

CDC #	I/M NAME	SPECIAL PURPOSE LETTER(S)	DATE
J79986	GERKIN S	NON-LEGAL: EDITOR IN CHIEF, CRIMINAL PROCEDURE PROJECT, GEORGETOWN LAW JOURNAL	1/2/2008
TRUST W/ORDER		CA VICTIM COMPENSATION & GOVT CLAIMS BD, POB 3035, SACRAMENTO CA 95812-3035	1/8/2008
TRUST W/ORDER		SUPERIOR COURT, CIVIL DIV, 720 NINTH ST, RM 102, SACRAMENTO CA 95814	2/1/2008
	S	PRISON LAW OFFICE, GENERAL DELIVERY, SAN QUENTIN CA 94964-0001	2/4/2008
	S	US DISTRICT COURT, 501 I ST, STE 4-401, SACRAMENTO CA 95814	2/5/2008
TRUST W/ORDER		US DISTRICT COURT, NORTHERN DISTRICT OF CA, 450 GOLDEN GATE AVE, SAN FRANCISCO CA 94158	3/21/2008
TRUST W/ORDER		ATTORNEY GENERAL'S OFFICE, POB 944255, SACRAMENTO CA 94244-2550	3/28/2008
1 OF 2	TRUST W/ORDER	SUPERIOR COURT, LEGAL PROCESS DESK, 720 NINTH ST, RM 102, SACRAMENTO CA 95814-1380	3/28/2008
2 OF 2	TRUST W/ORDER	ATTORNEY GENERAL'S OFFICE, 455 GOLDEN GATE AVE, STE 11000, SAN FRANCISCO CA 94102	4/3/2008

DISTRIBUTION:
WHITE - CENTRAL FILE
BLUE - INMATE (2ND COPY)
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PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME GERKIN	JPN (NON MHSDS/CCCMS)	CDC NUMBER J79986
REASON(S) FOR PLACEMENT (PART A)		

PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
 JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
 ENDANGERS INSTITUTION SECURITY UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On Saturday, April 5, 2008, you are being placed into Administrative Segregation (Ad-Seg) based on the following: You have been identified via confidential information as a Potential Victim of Assault if you were to remain in the general population at FSP. You will remain in Ad-Seg pending an investigation to be conducted by Correctional Sergeant J. Codorniz. Due to the aforementioned, you are deemed a threat to the safety and security of the institution. You will appear before the Institutional Classification Committee within 10 days for a review of your housing, custody and program needs.

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)		<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /
DATE OF ASU PLACEMENT 04/05/08	SEGREGATION AUTHORITY'S PRINTED NAME R. Janzen	SIGNATURE
DATE NOTICE SERVED 4/5/08	TIME SERVED 1230	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE J. CODORNIZ SGT.
INMATE REFUSED TO SIGN		INMATE SIGNATURE
		CDC NUMBER J79986

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)	INVESTIGATIVE EMPLOYEE (IE)
STAFF ASSISTANT NAME	INVESTIGATIVE EMPLOYEE'S NAME
IS THIS INMATE:	
LITERATE? FLUENT IN ENGLISH? ABLE TO COMPREHEND ISSUES? FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE COLLECTION BY IE UNNECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED
<input type="checkbox"/> NOT ASSIGNED	
Any "NO" requires SA assignment	
<input type="checkbox"/> NOT ASSIGNED	
Any "NO" may require IE assignment	

INMATE WAIVERS

<input type="checkbox"/> INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	<input type="checkbox"/> INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
<input type="checkbox"/> NO WITNESSES REQUESTED BY INMATE	INMATE SIGNATURE
DATE	

WITNESSES REQUESTED FOR HEARING

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: RELEASE TO UNIT/FACILITY RETAIN PENDING ICC REVIEW DOUBLE CELL SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)		CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)		DATE OF REVIEW

ROBERT E GERKIN J-79986
FOLSOM STATE PRISON 4B/A1-14
POST OFFICE Box 950
FOLSOM, CALIFORNIA 95763

ATTN: CLERKS OFFICE
UNITED STATES DISTRICT
COURT, NORTHERN DISTRICT
450 GOLDEN GATE AVE
SAN FRANCISCO, CA 94102

CONFIDENTIAL LEGAL MAIL
Robert E Gerkin



USA FIRST-CLASS FOREVER